

REFERRAL FOR SOCIAL SECURITY NUMBER APPLICATION

APPLICANT'S NAME: _____ CASE NO.: _____

CASE NAME: _____ COUNTY: _____

DSS ADDRESS: _____

PROGRAM: WORK FIRST FS MA SA OTHER

WORKER'S NAME/PHONE: _____

PROCESSOR'S NAME: _____

NPN | 3 | 4 | 0 | - | | | | | | | | | | | | | | | | | | | | | |

DOCUMENTS OWNED BY COUNTY: _____ DOCUMENTS OWNED BY APPLICANT: _____

INSTRUCTIONS ON HOW TO APPLY FOR SOCIAL SECURITY NUMBERS

You must apply for a Social Security number in order to receive assistance. You may apply in person or mail this form along with the application and verifications to the Social Security Office. Adults age 18 or older should apply for their number in person. You must get verification that you have applied by taking or mailing this form to your local Social Security office. Your local Social Security office will return this form to our office.

YOU MUST TAKE OR MAIL THE FOLLOWING VERIFICATIONS TO THE SOCIAL SECURITY OFFICE.

Proof Age, if applicable - AN OFFICIAL BIRTH CERTIFICATE IS ALWAYS THE PREFERRED DOCUMENT. Hospital birth certificates and baptismal certificates are acceptable. Social Security may accept other documents that show the date of birth, if those documents are not available.

Proof of Citizenship/Alien Status - If you were born outside the U.S., you must have proof of citizenship or lawful alien status.

Proof of Identity - A second document is required for all persons to establish identity. Examples would be a driver's license, insurance policy or draft card. For children of school age, a school report card or school record may be acceptable. For younger children, a doctor or medical record may be acceptable.

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

This certifies that the applicant shown above applied for a Social Security number on this date.

*Signature of Social Security Official*_____
*Date***Distribution (Prepare in Duplicate):**

Original - Client

Duplicate - Case Record